



## **APPLICATION FOR CITY OF SEAFORD AGGREGATED NET ENERGY METERING (ANEM) SERVICE**

CITY OF SEAFORD  
P.O. Box 1100  
414 HIGH STREET  
SEAFORD, DE 19973  
(302) 629-9173 PHONE  
(302) 629-9307 FAX  
[SEAFORDELECTRIC@SEAFORDDE.COM](mailto:SEAFORDELECTRIC@SEAFORDDE.COM)

(Send applications via E-mail, FAX, or Mail to Director of Power, City of Seaford)

**INTERCONNECTION CUSTOMER CONTACT INFORMATION**

**Customer Contact Information:**

Customer Name: Richard Doyle - Coastal Cabinetry, LLC

Mailing Address: 400 Megan Avenue

City: Seaford State: DE Zip Code: 19973

City of Seaford Account #: 42010-0

Contact Person (If other than above): \_\_\_\_\_

Mailing Address (If other than above): \_\_\_\_\_

Telephone (Daytime): 302.542.4155 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address (Required): coastalcabinetry@comcast.net

**Alternate Contact Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**FACILITY INFORMATION**

(Facilities with Customer Owned Generation)

City of Seaford Account #: 42010-0

Facility Address: 400 Megan Avenue

City: Seaford State: DE Zip Code: 19973

Maximum Facility Output Rating: 28.80 kW AC

Estimated Gross Annual Energy Production: 42,588 kWh

Primary Source of Fuel: Solar

Or check here if already an NEM facility ☐

**AGGREGATED ACCOUNTS****(in the order which the customer desires to apply the credits)<sup>1</sup>**

#1  
Account #: 42020-1  
Address: 300 Megan Avenue Unit 2  
City: Seaford State: DE Zip Code: 19973

#2  
Account #: 42020-0  
Address: 300 Megan Avenue Unit 1  
City: Seaford State: DE Zip Code: 19973

#3  
Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#4  
Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#5  
Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#6  
Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#7  
Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#8  
Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

<sup>1</sup> May or may not include host facilities listed above. Attach additional sheets if necessary with additional accounts.

CUSTOMER SIGNATURE

I hereby certify that: 1) I have read and understand the City of Seaford Aggregated Net Energy Metering ("ANEM") Rules and Regulations which can be found on the City's website and is a part of this Agreement; 2) I hereby agree to comply with the ANEM Service Rules and Regulations; and 3) to the best of my knowledge, all of the information provided in this application form is complete and true.

Customer Signature:

Richard Doyle

Date:

5/16/17

Printed Name:

Richard Doyle

Date:

5/16/17

FINAL APPROVAL FOR COS ANEM SERVICE

(for COS use only)

Entry in the ANEM service is hereby approved by City of Seaford. The date specified here represents the date the customer was entered into the service.

COS Signature:

William G. Bennett

Date:

12-12-17

Printed Name:

William G. Bennett

Title:

Director of Electric

**City of Seaford**  
**Generator Interconnection Application –Long Form**  
(For Use with Generators Greater than 25 Kw & Less than 1 MW)

An applicant (Generator Owner) makes application to the City of Seaford to install and operate a generating facility greater than 25Kw and less than 1 MW interconnected with Seaford's Utility System.

Section 1, Applicant Information

Name: Richard Doyle- Coastal Cabinetry

Mailing Address: 400 Megan Ave

City: Seaford State: DE Zip Code: 19973

Facility Location (if different from above): \_\_\_\_\_

Telephone (Daytime): Area Code 302 Number 542-4155  
(Evening) Area Code \_\_\_\_\_ Number \_\_\_\_\_

Seaford Electric Account No. : 42010-0

Section 2, Generator Qualifications

Is the generator a Qualifying Facility as defined under Subpart B, Section 201 of the Federal Energy Regulatory Commission's regulations per the Public Utility Regulatory Policies Act of 1978?

☐ Yes ☐ No

Is Generator powered from a Renewable Qualifying Energy Source:

☒ Yes ☐ No

Type Qualifying Energy Source (if applicable): ☒ Solar ☐ Wind ☐ Hydro ☐ Other

Other generator energy source: ☐ Diesel, Natural Gas ☐ Diesel, Fuel Oil ☐ Other: \_\_\_\_\_

Will excess power be exported to the City of Seaford? ☐ Yes ☒ No

Site Load: 35.84 Kw (Typical) Maximum Export: 28.8 Kw.

Section 3, Generator Technical Information

Type of Generator: ☐ Synchronous ☐ Induction ☒ DC Generator or Solar with Inverter

Generator (or solar collector) Manufacturer, Model Name & Number: Axipec

AC-320P-156 725 .320 x 112

(A copy of Generator Nameplate and Manufacturer's Specification Sheet may be substituted)

Output Power Rating in Kw: 35.84 kW/DC

Inverter Manufacturer, Model Name & Number (if used): Solar Edge Technologies

SE14.4KU5-208V 14.4 x 2

(A copy of Inverter Nameplate and Manufacturer's Specification Sheet may be substituted)

Rating in Kw: 28,800 kW

Generator Characteristic Data (for rotating machines):

(Not needed if Generator Nameplate and Manufacturer's Specification Sheet is provided)

Direct Axis Synchronous Reactance,  $X_d$  : \_\_\_\_\_ P.U. Negative Sequence Reactance: \_\_\_\_\_ P.U.

Direct Axis Transient Reactance,  $X'_d$  : \_\_\_\_\_ P.U. Zero Sequence Reactance: \_\_\_\_\_ P.U.

Direct Axis Subtransient Reactance,  $X''_d$  : \_\_\_\_\_ P.U. KVA Base: \_\_\_\_\_

#### Section 4, Interconnecting Equipment Technical Data

Will an interposing transformer be used between the generator and the point of interconnection? ☐ Yes ☐ No

Transformer Data (if applicable, for Customer Owned Transformer):

(A copy of transformer Nameplate and Manufacturer's Test Report may be substituted)

Size: \_\_\_\_\_ KVA . Transformer Primary : \_\_\_\_\_ Volts \_\_\_\_\_ Delta \_\_\_\_\_ Wye \_\_\_\_\_ Wye Grounded \_\_\_\_\_  
Transformer Secondary: \_\_\_\_\_ Volts \_\_\_\_\_ Delta \_\_\_\_\_ Wye \_\_\_\_\_ Wye Grounded \_\_\_\_\_  
Transformer Impedance: \_\_\_\_\_ % on \_\_\_\_\_ KVA Base

Transformer Fuse Data (if applicable, for Customer Owned Fuse):

(Attach copy of fuse manufacturer's Minimum Melt & Total Clearing Time-Current Curves)

Manufacturer: \_\_\_\_\_ Type: \_\_\_\_\_ Size: \_\_\_\_\_ Speed: \_\_\_\_\_

Interconnecting Circuit Breaker (if applicable): *using a fuse*

(A copy of breaker's Nameplate and Specification Sheet may be substituted)

Manufacturer: \_\_\_\_\_ Type: \_\_\_\_\_ Load Rating: \_\_\_\_\_ Interrupting Rating: \_\_\_\_\_ Trip Speed: \_\_\_\_\_  
(Amps) (Amps) (Cycles)

Circuit Breaker Protective Relays (if applicable): *N/A*  
(Enclose copy of any proposed Time-Overcurrent Coordination Curves)

Manufacturer: \_\_\_\_\_ Type: \_\_\_\_\_ Style/Catalog No.: \_\_\_\_\_ Proposed Setting: \_\_\_\_\_

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Manufacturer: \_\_\_\_\_ Type: \_\_\_\_\_ Style/Catalog No.: \_\_\_\_\_ Proposed Setting: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Type: \_\_\_\_\_ Style/Catalog No.: \_\_\_\_\_ Proposed Setting: \_\_\_\_\_

Current Transformer Data (if applicable): *N/A*

(Enclose copy of Manufacturer's Excitation & Ratio Correction Curves)

Manufacturer: \_\_\_\_\_ Type: \_\_\_\_\_ Accuracy Class: \_\_\_\_\_ Proposed Ratio Connection: \_\_\_\_\_/5

Manufacturer: \_\_\_\_\_ Type: \_\_\_\_\_ Accuracy Class: \_\_\_\_\_ Proposed Ratio Connection: \_\_\_\_\_/5

Generator Disconnect Switch:

A generator disconnect device, accessible to the City of Seaford **must be included** for all generators greater than 25 kW.

Manufacturer: *SQD* Type: *Fused* Catalog No.: \_\_\_\_\_ Rated Volts: *208* Rated Amps: *100*

Single or 3 Phase: *3ph* Mounting Location: *beside utility meter within 3 feet*

#### Section 5, General Technical Information

Generator Interconnection App-Long

Revision Date 9/20/2012

Enclose copy of site One-Line Diagram showing configuration and interconnection of all equipment, current and potential circuits and protection and control schemes. Is One-Line Diagram Enclosed?: ☒ Yes

Enclose copy of any site documentation that describes and details the operation of the protection and control schemes. Is Any Available Documentation Enclosed?: ☒ Yes

Enclose copies of schematic drawings for all protection and control circuits, relay current circuits, relay potential circuits and alarm/monitoring circuits. Are Schematic Drawings Enclosed? ☐ Yes

#### Section 6, Installation Details

Generating System will be installed by: ☐ Owner ☒ State Licensed Electrician

Installing Electrician: Robert Miller Firm: Robert Miller Electric Inc. License No.: 12-0024061

Mailing Address: 156 Pleasant Cove Lane

City: Dover State: DE Zip Code: 19904

Telephone: Area Code: (302) Number: 343-9030

Installation Date: \_\_\_\_\_ Interconnection Date: \_\_\_\_\_

Supply certification that the generating system has been installed and inspected in compliance with the local Building/Electrical code of the City of Seaford.

Signed (Inspector): \_\_\_\_\_ Date: \_\_\_\_\_  
(In lieu of signature of Inspector, a copy of the final inspection certificate may be attached)

#### Section 7, Generator/Equipment Certification

Generating systems that use utilize inverter technology must be compliant with IEEE 929 and Underwriters Lab. UL 1741. Generating systems that use a rotating machine must be compliant with the City of "Seaford's Technical Considerations Covering Parallel Operations of Customer Owned Generation of Less than One (1) MW and Interconnected with the City of Seaford Electrical System". By signing below, the Applicant certifies that the installed generating equipment meets the appropriate preceding requirement(s) and can supply documentation that confirms compliance.

Signed (Applicant): [Signature] Date: 5/16/17

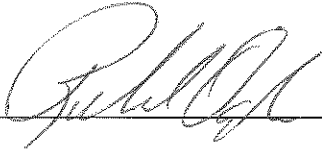
A Pre-Interconnection Study is normally required for generators greater than 25 kW. However, certain generator types/sizes and the location of the Point of Interconnection with the City of Seaford may permit a waiver of the Pre-Interconnection Study.

Does the Generation Owner request a walver of the Pre-Interconnection Study? ☐ Yes ☐ No

A "Yes" response cannot insure that the Pre-Interconnection Study requirement will be waved. The City of Seaford has the sole authority to grant release from the requirement based on the merits of each individual Interconnection Application.

**Section 8, Applicant Signature**

I hereby certify that, to the best of my knowledge, all the information provided in the Interconnection Application is true and correct. I also agree to install a Warning Label provided by the City of Seaford on or near my service meter location.

Signature of Applicant:  Date: 5/16/17

Send the completed application to The City of Seaford, P.O. Box 1100, Seaford DE 19973, Att'n: Director of Power



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Section 9, Approval or Non-Approval

City of Seaford : ☒ Has Approved    ☐ Has Not Approved    this Interconnection Application.

Name: RICK GARNER, ELCC. ENGR.    Date: 5-19-17

Signature: [Signature]

Reason of Not Approving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approval to connect to the City of Seaford's system indicates only that the minimum requirements for a safe proper interconnection have been satisfied. Such approval does not imply that the Generator Owner's facility meets all federal, state and local standards or regulations.

Section 10, Internal Notifications

- Send Applicant Warning Label for installing on/ near service meter: ☐ Yes
- Notify Billing Dept. of interconnected generation: ☐ Yes
- Notify and Document to: Electric Supt of interconnected generation: ☐ Yes
- Notify Mayor & Council and City Mgr. of interconnected generation: ☐ Yes